

NEVADA FINANCIAL DISCLOSURE STATEMENT

(Attach additional sheets if necessary.)

FILE

235 JAN 18 2005

DEAN HELLER
SECRETARY OF STATE

NAME Mary Kincaid-Chauncey
MAILING ADDRESS 4444 Cinderwood Ct
CITY, STATE, ZIP N. Las Vegas, NV 89032
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LENGTH OF RESIDENCE IN NEVADA 57 years
LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO VOTE 46 years
NRS 281.571(1)(a)

List all public offices for which this financial disclosure statement is required [NRS 281.571, Subsection 1(g)]:

See attached

Public Office	Annual Compensation	Term or Date Appointed	ANNUAL all elected and appointed public officers (no later than Jan. 15 each year) NRS 281.559(1)(b) 281.561(1)(b)	CANDIDATE (no later than the 10 th day after the last day to qualify as a candidate) NRS 281.561(1)(a)	APPOINTMENT to fill unexpired term of an elected or appointed public officer (within 30 days) NRS 281.559(1)(a)
	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List all general sources of income for you and members of your household over 18 years of age [NRS 281.571, Subsection 1(b)]:

	Self	Household Member
<u>Clark County</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Las Vegas Convention & Visitors Authority</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Kincaid's Flower Corner</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Social Security</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

List each creditor to whom you or a member of your household owes \$5,000 or more [except (1) debt secured by mortgage or deed of trust on real property which is not required to be listed below, and (2) debt for which a security interest in a motor vehicle for personal use was retained by seller] [NRS 281.571, Subsection 1(d)]:

	Self	Household Member
<u>Nevada State Bank</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Wells Fargo Bank</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Richard Wright, Esq.</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

List each business entity (i.e., organization or enterprise operated for economic gain, including a proprietorship, partnership, firm, business, trust joint venture, syndicate, corporation or association) with which you or a member of your household is involved as a trustee, beneficiary of a trust, director, officer, owner in whole or in part, limited or general partner, or holder of a class of stock or security representing 1% or more of the total outstanding stock or securities issued by the business entity [NRS 281.571, Subsection 1(f)]:

	Self	Household Member
<u>Kincaid Enterprises dba Kincaid's Flown Korma</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u> </u>	<input type="checkbox"/>	<input type="checkbox"/>
<u> </u>	<input type="checkbox"/>	<input type="checkbox"/>
<u> </u>	<input type="checkbox"/>	<input type="checkbox"/>
<u> </u>	<input type="checkbox"/>	<input type="checkbox"/>

List specific location and particular use of all real estate (other than personal residence): (1) in which you or a member of your household has a legal or beneficial interest; (2) the fair market value of which is \$2,500 or more; and (3) located in this state or an adjacent state [NRS 281.571, Subsection 1(c)]:

Specific Location	Particular Use
<u>1417 Webb, North Las Vegas</u>	<u>Residential</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

List the identity of donor and value of each gift received in excess of an aggregate value of \$200 from a donor during the preceding taxable year [except (1) a gift received from a person who is related to you within the third degree of consanguinity or affinity; and (2) ceremonial gifts received for a birthday, wedding, anniversary, holiday or other ceremonial occasion if the donor does not have a substantial interest in your legislative, administrative, or political action] [NRS 281.571, Subsection 1(e)]:

Donor	Value of Gift
<u>See Attached</u>	\$ <u> </u>
<u> </u>	\$ <u> </u>
<u> </u>	\$ <u> </u>
<u> </u>	\$ <u> </u>
<u> </u>	\$ <u> </u>

THE INFORMATION I HAVE PROVIDED HEREIN IS ACCURATE AND COMPLETE.

Date: Jan. 12, 05 Signature: Mary Kincaid-Chamney

List all public offices for which this financial disclosure statement is required:

	Annual Compensation	Term or Date appointed
Member, Clark County Commission	\$68,398.72	1/01 – 1/05
Member, Clark County Water Reclamation District Board of Trustees		1/01 – 1/05
Member, Las Vegas Valley Water District Board of Directors		1/01 – 1/05
Member, Kyle Canyon Water District Board of Trustees		1/01 – 1/05
Member, Big Bend Water District Board of Trustees		1/01 – 1/05
Member, Liquor and Gaming Licensing Board		1/01 – 1/05
Member, University Medical Center Hospital Board of Trustees		1/01 – 1/05
Chair, Las Vegas Convention and Visitors Authority Board of Directors	\$ 960.00	1/03 – 1/05
Member, Civilian Military Council of Southern Nevada		1/03
Member, Fund for Hospital Care to Indigent Persons for the State of Nevada		1/03

GIFTS RECEIVED 2004

DONOR	GIFT	GIFT VALUE
Las Vegas Events	Hat	\$ 34.00
	Fleece Vest	unknown
	Backpack	unknown
	Leather jacket	\$419.00
	Denim Gold Coast Vest	unknown
LVCVA	4 tickets to Rose Bowl	\$500
Peter Eliates	Donation to legal defense fund	\$5,000
Randy Black	Donation to legal defense fund	\$5,000
Rollie Sturm	Donation to legal defense fund	\$5,000